

S. Res. 332. A resolution honoring the Centers for Disease Control and Prevention on the 75th anniversary of its establishment and expressing deep gratitude on behalf of the people of the United States to the scientists, disease detectives, career civil servants, and support staff at the Centers for Disease Control and Prevention for their dedication to protecting the health, safety, and security of the United States and to strengthening public health in the United States and abroad; to the Committee on Health, Education, Labor, and Pensions.

By Ms. STABENOW (for herself, Mr. PETERS, Mr. SCHUMER, Mr. MCCONNELL, Ms. BALDWIN, Mr. BARRASSO, Mr. BENNET, Mrs. BLACKBURN, Mr. BLUMENTHAL, Mr. BLUNT, Mr. BOOKER, Mr. BOOZMAN, Mr. BRAUN, Mr. BROWN, Mr. BURR, Ms. CANTWELL, Mrs. CAPITO, Mr. CARDIN, Mr. CARPER, Mr. CASEY, Mr. CASSIDY, Ms. COLLINS, Mr. COONS, Mr. CORNYN, Ms. CORTEZ MASTO, Mr. COTTON, Mr. CRAMER, Mr. CRAPO, Mr. CRUZ, Mr. DAINES, Ms. DUCKWORTH, Mr. DURBIN, Ms. ERNST, Mrs. FEINSTEIN, Mrs. FISCHER, Mrs. GILLIBRAND, Mr. GRAHAM, Mr. GRASSLEY, Mr. HAGERTY, Ms. HASSAN, Mr. HAWLEY, Mr. HEINRICH, Mr. HICKENLOOPER, Ms. HIRONO, Mr. HOEVEN, Mrs. HYDE-SMITH, Mr. INHOFE, Mr. JOHNSON, Mr. KAINE, Mr. KELLY, Mr. KENNEDY, Mr. KING, Ms. KLOBUCHAR, Mr. LANKFORD, Mr. LEAHY, Mr. LEE, Mr. LUJAN, Ms. LUMMIS, Mr. MANCHIN, Mr. MARKEY, Mr. MARSHALL, Mr. MENENDEZ, Mr. MERKLEY, Mr. MORAN, Ms. MURKOWSKI, Mr. MURPHY, Mrs. MURRAY, Mr. OSSOFF, Mr. PADILLA, Mr. PAUL, Mr. PORTMAN, Mr. REED, Mr. RISCH, Mr. ROMNEY, Ms. ROSEN, Mr. ROUNDS, Mr. RUBIO, Mr. SANDERS, Mr. SASSE, Mr. SCHATZ, Mr. SCOTT of Florida, Mr. SCOTT of South Carolina, Mrs. SHAHEEN, Mr. SHELBY, Ms. SINEMA, Ms. SMITH, Mr. SULLIVAN, Mr. TESTER, Mr. THUNE, Mr. TILLIS, Mr. TOOMEY, Mr. TUBERVILLE, Mr. VAN HOLLEN, Mr. WARNER, Mr. WARNOCK, Ms. WARREN, Mr. WHITEHOUSE, Mr. WICKER, Mr. WYDEN, and Mr. YOUNG):

S. Res. 333. A resolution relating to the death of the Honorable Carl Levin, former Senator for the State of Michigan; considered and agreed to.

#### ADDITIONAL COSPONSORS

S. 864

At the request of Mr. KAINE, the name of the Senator from Colorado (Mr. HICKENLOOPER) was added as a cosponsor of S. 864, a bill to extend Federal Pell Grant eligibility of certain short-term programs.

S. 968

At the request of Mr. COTTON, the name of the Senator from North Carolina (Mr. TILLIS) was withdrawn as a cosponsor of S. 968, a bill to prohibit the United States Armed Forces from promoting anti-American and racist theories.

At the request of Mr. COTTON, the names of the Senator from Mississippi (Mr. WICKER), the Senator from Texas (Mr. CRUZ) and the Senator from Florida (Mr. SCOTT) were added as cosponsors of S. 968, *supra*.

S. 976

At the request of Mr. TESTER, the name of the Senator from Colorado

(Mr. BENNET) was added as a cosponsor of S. 976, a bill to amend title 38, United States Code, to improve and to expand eligibility for dependency and indemnity compensation paid to certain survivors of certain veterans, and for other purposes.

S. 1061

At the request of Mr. PORTMAN, the name of the Senator from Louisiana (Mr. KENNEDY) was added as a cosponsor of S. 1061, a bill to encourage the normalization of relations with Israel, and for other purposes.

S. 1664

At the request of Ms. KLOBUCHAR, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 1664, a bill to require the Secretary of Veterans Affairs to take certain actions to improve the processing by the Department of Veterans Affairs of claims for disability compensation for post-traumatic stress disorder, and for other purposes.

S. 1684

At the request of Ms. CORTEZ MASTO, the name of the Senator from California (Mr. PADILLA) was added as a cosponsor of S. 1684, a bill to strengthen the ability of the Federal Home Loan Bank system to provide critical financing to address the economic crisis caused by the COVID-19 pandemic and to meet the short- and long-term housing and community economic development needs of low-income communities, including Tribal communities, and for other purposes.

S. 2300

At the request of Mr. PETERS, the names of the Senator from New York (Mrs. GILLIBRAND) and the Senator from Georgia (Mr. WARNOCK) were added as cosponsors of S. 2300, a bill to direct the Secretary of Housing and Urban Development to establish a grant program to help revitalize certain localities, and for other purposes.

S. 2346

At the request of Mr. COTTON, the name of the Senator from North Carolina (Mr. TILLIS) was added as a cosponsor of S. 2346, a bill to codify Executive Order 13950 (relating to combating race and sex stereotyping), and for other purposes.

S. 2429

At the request of Mr. GRASSLEY, the name of the Senator from Oklahoma (Mr. LANKFORD) was added as a cosponsor of S. 2429, a bill to amend chapter 38 of title 31, United States Code, relating to civil remedies, and for other purposes.

S. 2536

At the request of Mr. RUBIO, the name of the Senator from Kansas (Mr. MARSHALL) was added as a cosponsor of S. 2536, a bill to require the Government Accountability Office to submit a report on the public health mitigation messaging and guidance of the Centers for Disease Control and Prevention.

S. 2550

At the request of Mr. CASEY, the name of the Senator from New Hamp-

shire (Mrs. SHAHEEN) was added as a cosponsor of S. 2550, a bill to amend the Higher Education Act of 1965 to provide students with disabilities and their families with access to critical information needed to select the right college and succeed once enrolled.

S. 2561

At the request of Mr. DAINES, the name of the Senator from Idaho (Mr. CRAPO) was added as a cosponsor of S. 2561, a bill to amend the Forest and Rangeland Renewable Resources Planning Act of 1974 and the Federal Land Policy and Management Act of 1976 to provide that a land resource management plan or land use plan approved, amended, or revised under those Acts shall not be considered to be a continuing Federal agency action or constitute a discretionary Federal involvement or control for a distinct Federal purpose, and for other purposes.

S. RES. 310

At the request of Mr. MENENDEZ, the name of the Senator from New Hampshire (Ms. HASSAN) was added as a cosponsor of S. Res. 310, a resolution expressing solidarity with Cuban citizens demonstrating peacefully for fundamental freedoms, condemning the Cuban regime's acts of repression, and calling for the immediate release of arbitrarily detained Cuban citizens.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. THUNE (for himself and Mr. CARDIN):

S. 2576. A bill to amend title XVIII of the Social Security Act to establish a program to allow qualified group practices to furnish certain items and services at qualified skilled nursing facilities to individuals entitled to benefits under part A and enrolled under part B of the Medicare program to reduce unnecessary hospitalizations, and for other purposes; to the Committee on Finance.

S. 2576

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Reducing Unnecessary Senior Hospitalizations Act of 2021" or the "RUSH Act of 2021".

#### SEC. 2. SNF-BASED PROVISION OF PREVENTIVE ACUTE CARE AND HOSPITALIZATION REDUCTION PROGRAM.

Title XVIII of the Social Security Act is amended by adding at the end the following new section:

#### "SEC. 1899C. SNF-BASED PROVISION OF PREVENTIVE ACUTE CARE AND HOSPITALIZATION REDUCTION PROGRAM.

"(a) ESTABLISHMENT.—There is established a program to be known as the 'SNF-based Provision of Preventive Acute Care and Hospitalization Reduction Program' (in this section referred to as the 'Program'), to be administered by the Secretary, for purposes of reducing unnecessary hospitalizations and emergency department visits by allowing qualified group practices (as defined in section 1877(h)(4)) on or after January 1, 2022, to furnish items and services identified under

subsection (b)(3) to individuals entitled to benefits under part A and enrolled under part B residing in qualified skilled nursing facilities.

“(b) OPERATION OF PROGRAM.—Under the Program, the Secretary shall provide for the following:

“(1) Certification of skilled nursing facilities as qualified skilled nursing facilities under subsection (c)(1).

“(2) Certification of group practices as qualified group practices under subsection (c)(2).

“(3) Identification on an annual basis of minimum required, clinically appropriate nonsurgical items and services furnished at a hospital emergency department that may be safely furnished by a qualified group practice at a qualified skilled nursing facility under the Program and that such qualified group practice shall offer to furnish under the Program. Such items and services may include provider review of lab and imaging reports for medical decision making, medication management, blood glucose management, behavioral health services, and other services offered to diagnose or treat low acuity conditions.

“(4) Establishment of qualifications for nonphysician employees who may furnish such items and services at a qualified skilled nursing facility. Such qualifications shall include the requirement that such an employee—

“(A) be certified in basic life support by a nationally recognized specialty board of certification or equivalent certification board, in accordance with requirements under section 483.24(a)(3) of title 42, Code of Federal Regulations (or any successor regulation); and

“(B) have—

“(i) clinical experience furnishing medical care—

“(I) in a skilled nursing facility;

“(II) in a hospital emergency department setting; or

“(III) as an employee of a provider or supplier of ambulance services; or

“(ii) a certification in paramedicine.

“(5) Payment under this title for items and services identified under paragraph (3) furnished by such qualified group practices at such a facility in amounts determined under subsection (d).

“(c) CERTIFICATIONS.—

“(1) QUALIFIED SKILLED NURSING FACILITIES.—

“(A) IN GENERAL.—For purposes of this section, the Secretary shall certify a skilled nursing facility as a qualified skilled nursing facility if the facility submits an application in a time and manner specified by the Secretary and meets the following requirements:

“(i) The facility has on-site diagnostic equipment necessary for a qualified group practice to furnish items and services under the Program and real-time audio and visual capabilities as provided by the agreement between the facility and the qualified group practice.

“(ii) The facility has at least one individual who meets the qualifications described in subsection (b)(4) or a physician present 24 hours a day and 7 days a week to work with the qualified group practice, in accordance with section 483.35(a) of title 42, Code of Federal Regulations (or any successor regulation). Such individual may be a member of the staff of the qualified skilled nursing facility or of the qualified group practice.

“(iii) The facility ensures that residents of such facility, upon entering such facility, are allowed to specify in an advanced care directive or otherwise documented in the individual's records whether the resident wishes to

receive items and services furnished at the facility under the Program in a case where communication with the resident is not possible.

“(iv) The facility ensures that individuals to be furnished such items and services under the Program at such facility have the opportunity, at their request, to instead be transported to a hospital emergency department.

“(v) The facility is not part of the Special Focus Facility program of the Centers for Medicare & Medicaid Services (although the facility may, at the discretion of the Secretary, be a candidate for selection under such program).

“(B) REQUIRED PROVISION OF SERVICES AND ACTIVITIES.—Nothing in this paragraph shall affect the application of requirements under section 1819(b)(4), relating to provision of services and activities, to a facility.

“(2) QUALIFIED GROUP PRACTICES.—For purposes of this section, the Secretary shall certify a group practice as a qualified group practice for a period of 3 years if the group practice submits an application in a time and manner specified by the Secretary and meets the following requirements:

“(A) The group practice offers to furnish all minimum required items and services identified under subsection (b)(3) under the Program.

“(B) The group practice submits a notification to the Secretary annually specifying which (if any) additional items and services identified under subsection (b)(3) for a year the group practice will offer to furnish for such year under the Program.

“(C) The group practice ensures that only individuals who meet the qualifications established under subsection (b)(4) or a physician who is part of such group practice may furnish such minimum required items and services and such additional items and services.

“(D) The group practice, as provided by the agreement between the facility and the group practice or under the supervision of the medical director of the facility, ensures that, in the case where such minimum required items and services or such additional items and services are furnished by such an individual, such individual furnishes such minimum required items and services or additional items and services under the supervision, either in-person or through the use of telehealth (not including store-and-forward technologies), of—

“(i) a physician—

“(I) who is board certified or board eligible in emergency medicine, family medicine, geriatrics, or internal medicine; or

“(II) who has been certified by a nationally recognized specialty board of certification or equivalent certification board in basic life support;

“(ii) a nurse practitioner who has been certified by a nationally recognized specialty board of certification or equivalent certification board in basic life support; or

“(iii) a physician assistant who has been certified by a nationally recognized specialty board of certification or equivalent certification board in basic life support.

“(E) With respect to any year in which the qualified group practice would participate in the Program, the Chief Actuary for the Centers for Medicare & Medicaid Services determines that such participation during such year will not result in total estimated expenditures under this title for such year being greater than total estimated expenditures under such title for such year without such participation.

“(d) PAYMENTS AND TREATMENT OF SAVINGS.—

“(1) PAYMENTS.—

“(A) IN GENERAL.—For 2022 and each subsequent year, payments shall continue to be made to qualified group practices and qualified skilled nursing facilities participating in the Program under the original Medicare fee-for-service program under parts A and B in the same manner as they would otherwise be made except that such group practices and skilled nursing facilities are eligible to receive payment for shared savings under paragraph (2) if they meet the requirement under subparagraph (B)(i).

“(B) SAVINGS REQUIREMENT AND BENCHMARK.—

“(i) DETERMINING SAVINGS.—In each year of the Program, a qualified group practice (and any qualified skilled nursing facility participating in the Program that has an agreement with the group practice for the furnishing of items and services identified under subsection (b)(3) to residents of the facility) shall be eligible to receive payment for shared savings under paragraph (2) only if the estimated average per capita Medicare expenditures for Medicare fee-for-service beneficiaries for parts A and B services furnished under the Program by the group practice (and any such facility), adjusted for beneficiary characteristics, is at least the percent specified by the Secretary below the applicable benchmark under clause (ii). The Secretary shall determine the appropriate percent described in the preceding sentence to account for normal variation in expenditures under this title, based upon the number of Medicare fee-for-service beneficiaries participating in the Program.

“(ii) ESTABLISH AND UPDATE BENCHMARK.—For each qualified group practice (and any qualified skilled nursing facility participating in the Program that has an agreement with the group practice for the furnishing of items and services identified under subsection (b)(3) to residents of the facility) the Secretary shall estimate a single benchmark for each year that is applicable to both the group practice (and any such facility) using the most recent available 3 years of per-beneficiary expenditures for parts A and B services for Medicare fee-for-service beneficiaries for items and services furnished by such group practice or skilled nursing facility under the Program. Such benchmark shall be adjusted for beneficiary characteristics and such other factors as the Secretary determines appropriate. Such benchmark shall be reset at the start of each year.

“(2) PAYMENTS FOR SHARED SAVINGS.—If a qualified group practice (and any qualified skilled nursing facility participating in the Program that has an agreement with the group practice for the furnishing of items and services identified under subsection (b)(3) to residents of the facility) meets the requirements under paragraph (1), the Secretary shall—

“(A) pay to such qualified group practice an amount equal to 37.5 percent of the difference between such estimated average per capita Medicare expenditures in a year, adjusted for beneficiary characteristics, for items and services furnished under the Program by the group practice (and any such facility) and such benchmark for the qualified group practice (and any such facility); and

“(B) in the case of each such facility—

“(i) if the qualified skilled nursing facility has at least a three-star rating under the Five Star Quality Rating System (or a successor system), pay to the facility an amount that bears the same ratio to 12.5 percent of the estimated amount of such difference as the amount of expenditures under the Program for such items and services furnished with respect to individuals at such facility by such qualified group practice during such year bears to the total amount of

expenditures under the Program for such items and services furnished with respect to all individuals by such qualified group practice during such year; and

“(ii) in the case of a qualified skilled nursing facility that is not described in clause (i), retain in the Federal Hospital Insurance Trust Fund under section 1817 the amount that the facility would have been paid pursuant to clause (i) if the facility were described in such clause until such time as the facility has at least a three-star rating under the Five Star Quality Rating System (or a successor system), at which point the Secretary shall pay such amount to the facility.

“(3) **ADVANCED ALTERNATIVE PAYMENT MODELS.**—Paragraph (2) shall not apply to items and services furnished to an individual entitled to benefits under part A and enrolled under Part B for whom shared savings would otherwise be attributed through an advanced alternative payment model as authorized under section 1115A or section 1899.

“(e) **EVALUATION.**—

“(1) **IN GENERAL.**—With respect to a qualified group practice and a qualified skilled nursing facility, not later than 6 months after such group practice begins furnishing items and services under the Program (or, in the case of a qualified skilled nursing facility, not less than 6 months after a qualified group practice first furnishes such items and services at such facility), and not less than once every 2 years thereafter, the Secretary shall evaluate such qualified group practice and such qualified facility using information received under paragraph (2) on such criteria as determined appropriate by the Secretary.

“(2) **REPORTING OF PERFORMANCE AND QUALITY IMPROVEMENTS.**—In a time and manner specified by the Secretary, a qualified group practice and a qualified skilled nursing facility shall submit to the Secretary a report containing the following information with respect to items and services furnished under the Program during a reporting period (as specified by the Secretary):

“(A) The items and services most frequently furnished under the Program in such period.

“(B) The number of individuals with respect to whom such group practice furnished such items and services in such period (or, in the case of a qualified skilled nursing facility, the number of individuals with respect to whom such a group practice furnished such items and services at such facility in such period).

“(C) The number of hospitalizations prevented under the Program in such period.

“(D) The number of such individuals who were admitted to a hospital or treated in the emergency department of a hospital within 24 hours of being furnished such items and services.

“(E) Other information determined appropriate by the Secretary.

“(3) **LOSS OF QUALIFIED CERTIFICATION.**—

“(A) **IN GENERAL.**—Not later than 3 months after a determination described in this sentence is made, the Secretary may revoke the certification of a qualified skilled nursing facility or a qualified group practice made under subsection (c) if—

“(i) the Chief Actuary of the Centers for Medicare & Medicaid Services determines that the participation of such skilled nursing facility or such group practice in the Program during a year resulted in total expenditures under this title for such period being greater than total expenditures under such title would have been during such period without such participation; or

“(ii) a facility is selected for the Special Focus Facility program or, if the facility is a candidate for the Special Focus Facility program, the Secretary determines that the

participation of such facility in the Program should be terminated.

“(B) **EXCLUSION FROM CERTIFICATION.**—

“(i) **IN GENERAL.**—In the case that the Secretary revokes the certification of a qualified skilled nursing facility or a qualified group practice under subparagraph (A), such skilled nursing facility or such group practice shall be ineligible for certification as a qualified skilled nursing facility or a qualified group practice (as applicable) under subsection (c) for the applicable period (as defined under clause (ii)).

“(ii) **APPLICABLE PERIOD DEFINED.**—In this subparagraph, the term ‘applicable period’ means—

“(I) if the revocation of a facility or group practice under subparagraph (A) is due to the application of clause (i) of such subparagraph, a 1-year period beginning on the date of such revocation; and

“(II) in the revocation of a facility under subparagraph (A) is due to the application of clause (ii) of such subparagraph, the period beginning on the date of such revocation and ending on the date on which the facility graduates from the Special Focus Facility program (or, in the case of a facility that is a candidate for such program, the date on which the facility is no longer such a candidate, as determined by the Secretary).

“(f) **DETERMINATION OF BUDGET NEUTRALITY; TERMINATION OF PROGRAM.**—

“(1) **DETERMINATION.**—Not later than July 1, 2027, the Chief Actuary of the Centers for Medicare & Medicaid Services shall determine whether the Program has resulted in an increase in total expenditures under this title with respect to the period beginning on January 1, 2022, and ending on December 31, 2026, compared to what such expenditures would have been during such period had the Program not been in operation.

“(2) **TERMINATION.**—If the Chief Actuary makes a determination under paragraph (1) that the Program has resulted in an increase in total expenditures under this title, the Secretary shall terminate the Program as of January 1 of the first year beginning after such determination.”.

## SUBMITTED RESOLUTIONS

**SENATE RESOLUTION 332—HONORING THE CENTERS FOR DISEASE CONTROL AND PREVENTION ON THE 75TH ANNIVERSARY OF ITS ESTABLISHMENT AND EXPRESSING DEEP GRATITUDE ON BEHALF OF THE PEOPLE OF THE UNITED STATES TO THE SCIENTISTS, DISEASE DETECTIVES, CAREER CIVIL SERVANTS, AND SUPPORT STAFF AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR THEIR DEDICATION TO PROTECTING THE HEALTH, SAFETY, AND SECURITY OF THE UNITED STATES AND TO STRENGTHENING PUBLIC HEALTH IN THE UNITED STATES AND ABROAD**

Mr. OSSOFF (for himself and Mr. WARNOCK) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 332

Whereas the Centers for Disease Control and Prevention (referred to in this preamble as the “CDC”), based in Atlanta, Georgia,

was established by the United States Government on July 1, 1946, initially to prevent the spread of malaria in the United States, and soon became the premier public health agency of the United States;

Whereas because medical epidemiologists were scarce in the United States prior to the establishment of the CDC, disease surveillance became the cornerstone of the mission of service of the CDC to the States;

Whereas, since 1946, the scientists, disease detectives, career civil servants, and support staff of the CDC have worked every day to combat diseases like malaria, yellow fever, smallpox, polio, influenza, and Ebola;

Whereas the Epidemic Intelligence Service of the CDC has trained disease detectives at home and abroad, producing some of the top epidemiologists in the world;

Whereas the CDC has played a vital role in implementing high-profile and innovative programs, including the President’s Malaria Initiative, the President’s Emergency Plan for AIDS Relief, and the Global Health Security Agenda, helping save millions of human lives;

Whereas the staff of the CDC were instrumental in global efforts to effectively eradicate smallpox in 1980 and are currently working to eliminate polio worldwide;

Whereas the CDC has spent decades building public health infrastructure and capacity around the world to detect, respond to, and contain outbreaks of deadly diseases like Zika and Ebola;

Whereas the CDC assisted with disaster relief in Haiti, partnering with the Haitian public health ministry to respond to the cholera outbreak after the devastating 2010 earthquake;

Whereas the CDC has an established record of working to improve access to cancer screenings and treatment, prevent child malnutrition, protect workers, reduce developmental disabilities and birth defects, prevent injuries, and protect the public from dangerous environmental exposures;

Whereas the National Asthma Control Program of the CDC funds programs for States, schools, and nongovernmental organizations to help train professionals and educate people living with asthma and their families;

Whereas the CDC has worked to end the opioid overdose crisis by funding efforts to improve data collection about opioid use and implement evidence-based strategies to save lives;

Whereas a core principle of public health is that every person should be able to reach his or her full health potential, and the CDC seeks to remove barriers to health linked to race or ethnicity, education, income, location, or other social factors, including vital work to improve health equity;

Whereas the CDC employs more than 23,000 employees around the world, supporting the agency’s 24/7 mission of saving lives and protecting people from health threats;

Whereas political leaders of the United States should support and empower the public health experts at the CDC and other leading national health agencies to guide with science during public health crises; and

Whereas the strength and efficacy of the public health system of the United States and the response of the United States to the COVID-19 pandemic depends upon the leadership, expertise, and professionalism of the CDC staff who continue working tirelessly to fight COVID-19 and provide science-based guidance to protect families and save lives in the United States: Now, therefore, be it

*Resolved*, That the Senate—

(1) recognizes the 75th anniversary of the Centers for Disease Control and Prevention (referred to in this resolution as the “CDC”);